



August 2025

# Understanding Child & Adolescent Development and the Impact of Resettlement on Refugee Youth

# Who Are We?



- Refugee Services
- Policy and Advocacy
- Legal Services
- Trafficking Services
- International Programs
- Children's Services

*Note: USCRI is a Non-Governmental Organization (NGO)*

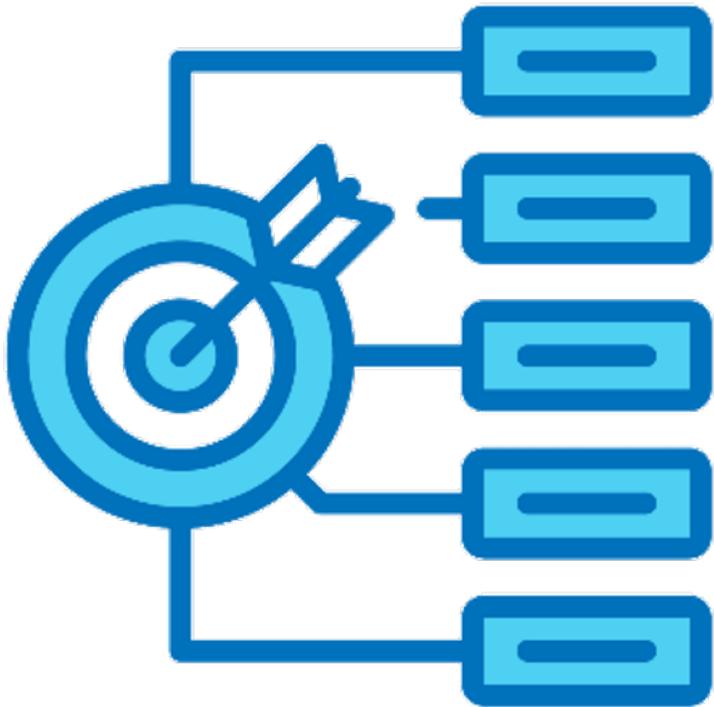
# Who Are We?



## Refugee Youth Resource Center

- National Training & Technical Assistance (TTA) initiative
- Part of USCRI Children's Services
- ORR grant-funded program
- Focus on building provider capacity to foster refugee youth resilience, integration, and child safety

# Learning Objectives



1. Describe the stages of childhood and adolescent development
2. Recognize the impact of forced displacement, trauma, and resettlement on refugee youth in different developmental stages
3. Identify the provider's role in supporting refugee youth and their caregivers to promote healthy development

# Child & Adolescent Developmental Stages

# Why Is It Important to Understand Developmental Stages & Milestones?



Promote health  
and well-being



Support growth  
and learning

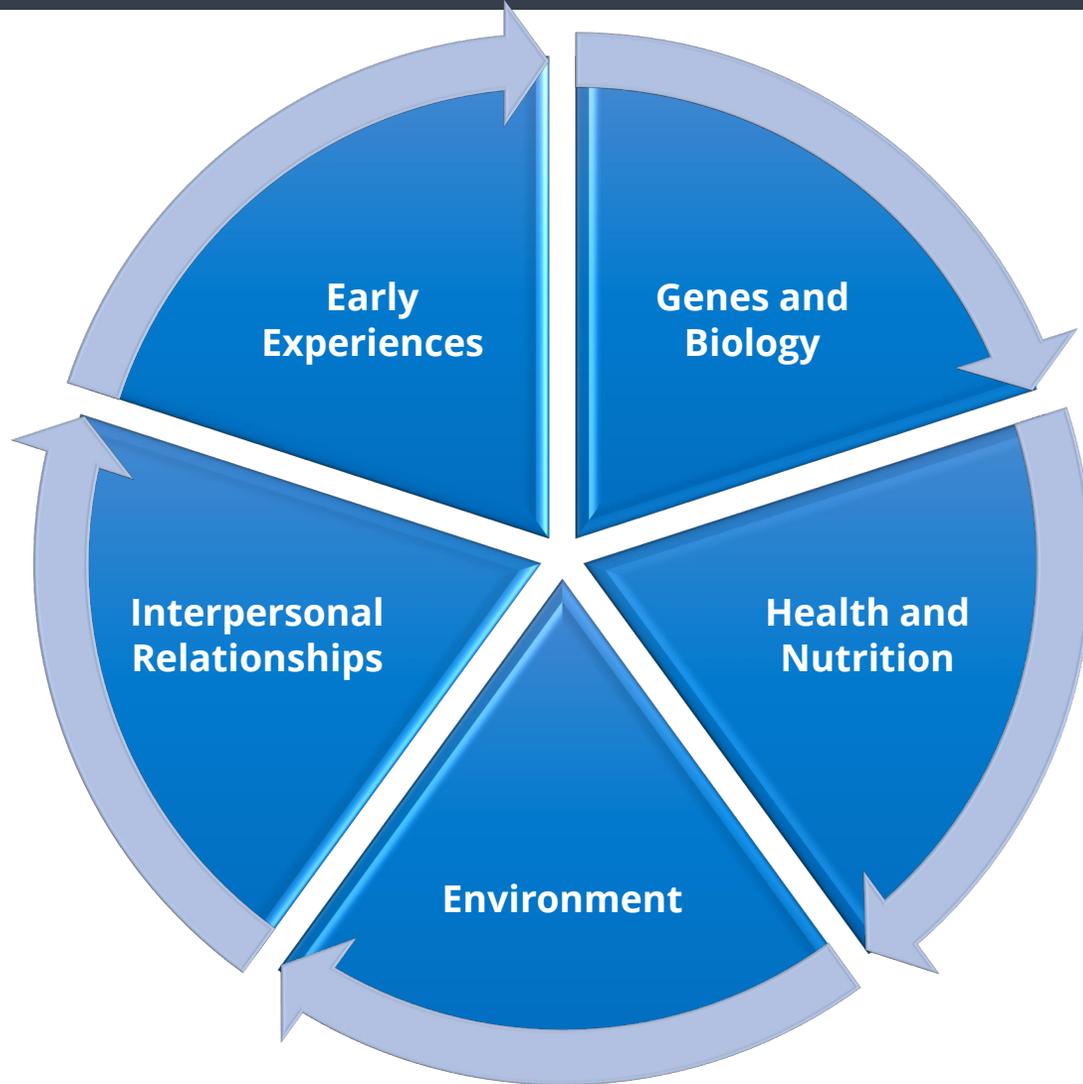


Early detection of  
developmental  
delays



Build strong  
relationships /  
enhanced  
parenting

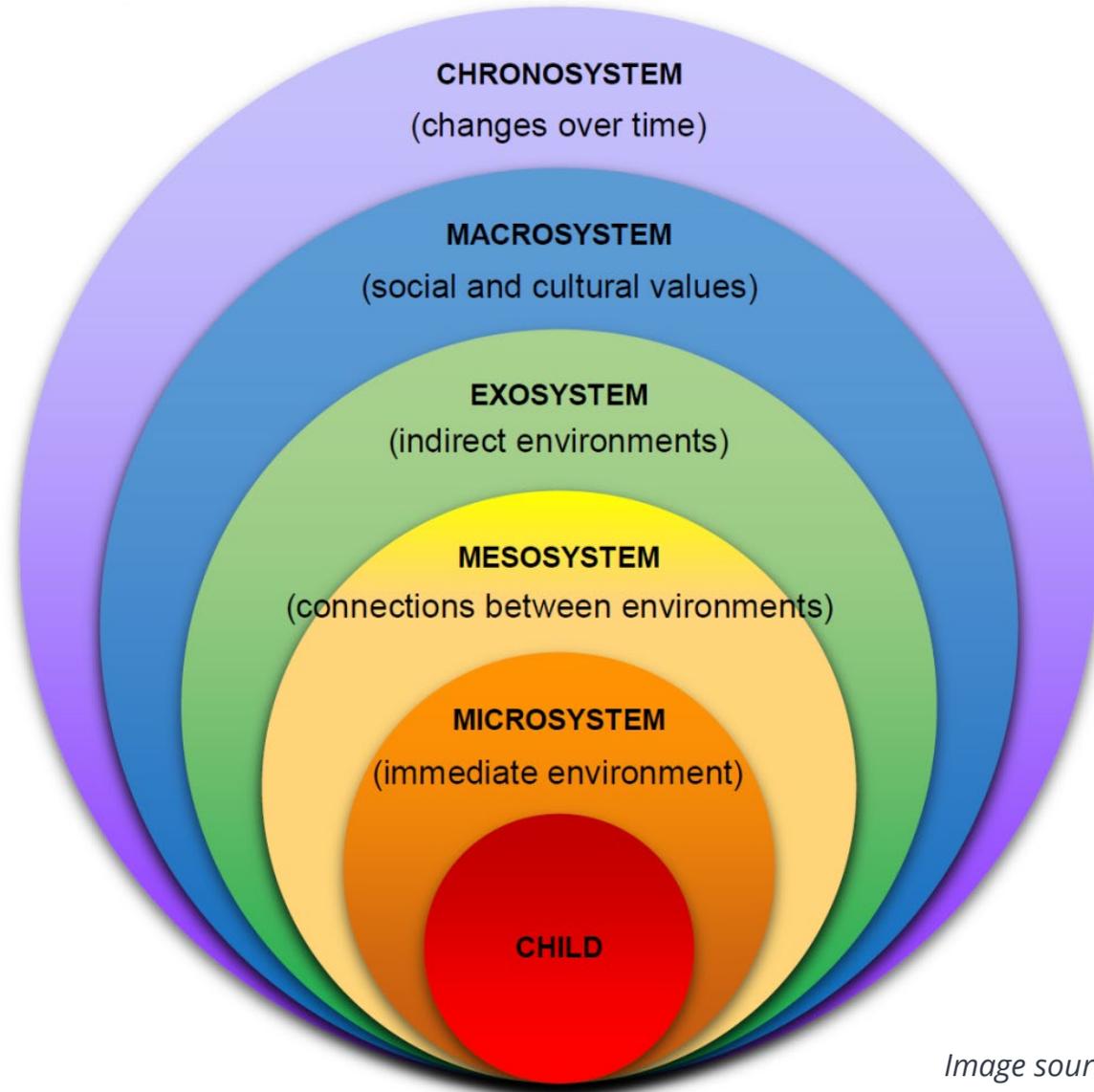
# What Influences a Child's Growth and Development?



## Additional considerations:

- What is “normal”? – important to understand that all children develop at their own pace
- Impact of trauma, family separation
- Impact of culture
- Language acquisition

# What Influences a Child's Growth and Development?



## Ecological Theory (Bronfenbrenner)

# Impact of Culture on Development

- Language and communication
- Expression of emotions
- Values related to education, social behaviors, the individual vs. the group
- Sense of self, identity, and belonging
- Parenting practices



# Stages of Development



Infancy and early  
childhood  
(0-5)



Middle  
childhood  
(6-11)



Early and late  
adolescence  
(12-24)



# Domains of Development



**Physical**



**Cognitive**



**Social/  
Emotional**

# Meet Aisha, Omar, and Hadi



- Siblings (3, 9, and 14) of Syrian origin
- Fled civil war in Syria with their parents in 2021 and lived in Jordan until the family was resettled in the U.S. nine months ago



# Early Childhood (0-5)

## Physical

- **Infancy milestones:** sitting, grasping, rolling, crawling, walking, feeding...
- **Toddlers/preschoolers:** greater coordination of gross and fine motor skills (running, jumping, climbing, drawing...)



## Cognitive

- Developing **language**
- **Perceiving** their environment
- **Counting**, sorting, identifying shapes and colors
- Following simple **instructions**
- Understands concept of time
- Learning through **play**

## Social/Emotional

- Importance of **attachment** to primary caregiver
- Facial expressions
- Self-soothing, developing **emotional regulation**
- Asserting **independence**
- Increased **socialization**, cooperative play
- Developing **empathy**, sense of humor, pride, responsibility, guilt

# Middle Childhood (6-11)

## Physical

- Slower but consistent physical growth
- Development of **fine and gross motor skills** (dressing, tying shoes, athletic abilities...)
- Able to complete some **tasks of daily living**

## Cognitive

- Rapid development of **mental skills** (reading, math)
- **Concrete** (black-and-white) thinking
- Able to describe experiences and talk about thoughts and feelings
- Increased **attention span**
- Understanding the perspectives of others



## Social/Emotional

- Forming stronger and more complex **friendships**
- Peer pressure
- Developing rules and sense of fairness
- Increased **emotional regulation**
- Satisfaction from their efforts/abilities
- **Seeking approval** from adults; sensitive to criticism

# Adolescence (12-24)

## Physical

- Onset of **puberty** (earlier for females than males)
- Hormonal changes
- **Growth spurt:** most rapid physical growth since early childhood



## Cognitive

- Growth spurt: most **rapid neurological growth** since early childhood
- Frontal lobe development impacts teens' decision-making, impulse control, etc.
- Developing more **abstract** thinking
- Egocentrism
- Self-conscious

## Social/Emotional

- Prioritizing peer relationships
- Seeking **social acceptance**
- Desire **respect**
- Pushing boundaries, struggling for **independence**
- Developing own set of values/beliefs
- **Identity formation**
- Hormones affect mood and emotional responses

# Impact of Resettlement on Refugee Youth



# Let's Talk About Refugee Youth...

## Triple Trauma Paradigm



- What unique experiences of trauma have you seen with the refugee children and teens you work with?
- How might these experiences impact a refugee child or adolescent's development?



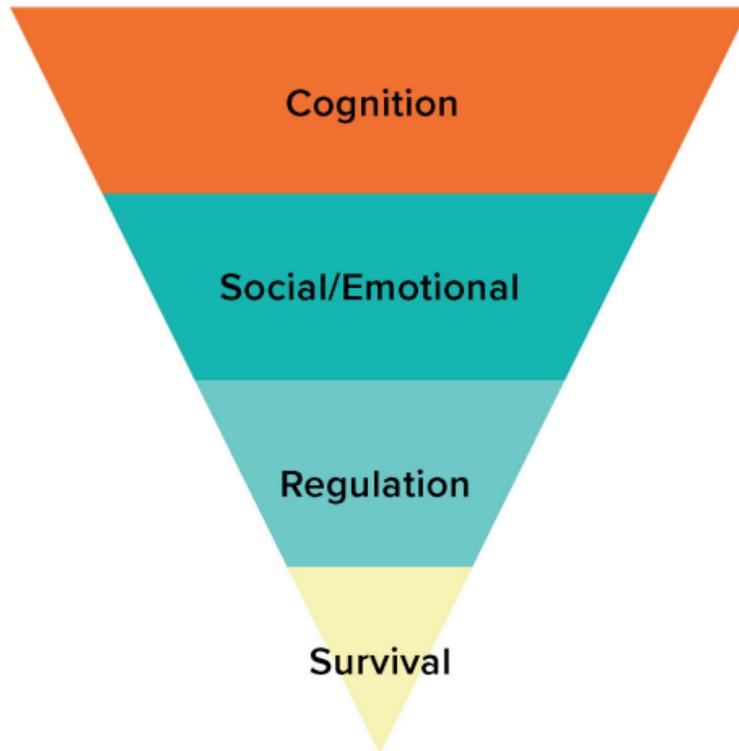
# Trauma & Brain Development



- Reptilian Brain
- Limbic System
- Neocortex

Adapted from Holt & Jordan, Ohio Dept. of Education

## Typical Development



## Developmental Trauma

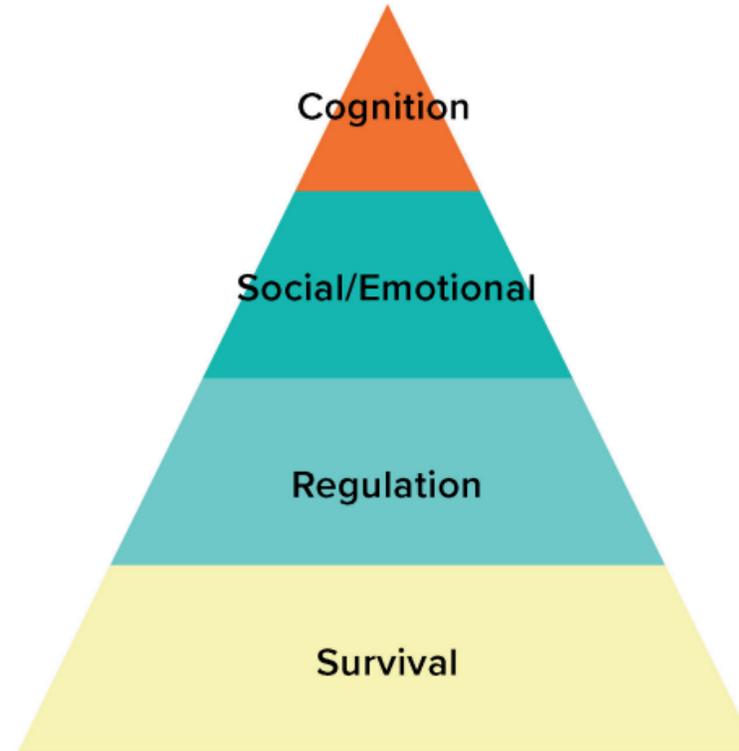


Image source: [Caring Families Aotearoa](#)

# Aisha (age 3)



Aisha experienced multiple disruptions in her caregiving prior to her family's resettlement in the U.S. Her mother had to travel to care for an ailing parent, and due to safety concerns was delayed in returning to her family. This resulted in Aisha being cared for by different neighbors and relatives. Here in the U.S., both her parents are working full-time and Aisha is still struggling to adjust to daycare. She cries inconsolably each morning when her mother drops her off and becomes easily upset throughout the day, including a recent incident where she bit another child.

- **How might Aisha's experience of migration and resettlement influence her perception of safety and trust in new environments like daycare?**
- **What cultural differences here in the U.S. may also be contributing to her difficult adjustment?**
- **What strengths or protective factors could you as a provider build upon to support this family?**



# Resettlement in Early Childhood (0-5)

## Considerations

- Impact of **disrupted early attachment/bonding** → lack of trust and sense of security/safety
- **Unable to express** their thoughts and fears in words like older children

## Common Symptoms & Behaviors

- Difficulty regulating emotions and behaviors
- Clingy, fearful, difficult to console
- Aggressive, impulsive
- Learning difficulties
- Physical symptoms (headaches, stomachaches)
- Regressive behaviors

## Resiliency/Protective Factors

- Secure **attachment**
- **Parental** resilience
- **Early learning** opportunities
- Rapid second **language** acquisition



# Omar (age 9)



Omar has been quicker to adjust to U.S. culture and learn the English language compared to his siblings and parents. As a result, he has taken on an informal role of translator and cultural guide for his parents at times. Though sociable and eager to please, Omar sometimes struggles with attention and frustration in the classroom, often dismissing these challenges with humor or deflection. He is beginning to express feeling “different” from peers and embarrassed by his family’s limited English, which has led to moments of shame and confusion around his identity.

- **Considering Omar’s developmental stage, what might be some of the advantages vs. disadvantages of rapid acculturation?**
- **How might some of Omar’s more “well-adjusted” behaviors be masking deeper stress or trauma?**
- **What strengths or protective factors could you as a provider build upon to support this child?**



## Considerations

- Displacement **disrupts** the process of learning and socialization

## Common Symptoms & Behaviors

- Aggression, irritability, withdrawal, sadness
- Trouble at school or with peers
- Fear of something bad happening
- Regressive behaviors

## Resiliency/Protective Factors

- School engagement
- Generally **acculturate** faster than parents and teens
- Role of school, teacher, counselor, case manager **taking interest** in the child
- Rapid second **language** acquisition



# Hadi (age 14)



Hadi has had more difficulty adjusting to the U.S. and making new friends compared to his younger brother Omar. He misses his close-knit group of friends from Jordan and has only formed surface-level connections with peers at his new school. At home, Hadi is quiet and withdrawn, often spending hours alone in his room, and sometimes expressing frustration with his parents, who he feels don't understand what he's going through. He is beginning to push back against his family, seeking more autonomy like his American peers – but his parents feel unsure of how to respond.

- **What are some ways that the typical challenges of adolescent development may be intensifying Hadi's experience of displacement and resettlement?**
- **How might cultural norms/expectations also be coming into play?**
- **What strengths or protective factors could you as a provider build upon to support this teen?**



# Resettlement in Adolescence (12-24)

## Considerations

- Resettlement made more complex by **simultaneous changes** of:
  - Puberty
  - Developing sense of self
  - Peer relationships/ group identity
  - “Renegotiation” of parent/child relationship

## Common Symptoms & Behaviors

- Rebelliousness
- Risk-taking behaviors
- Rejecting culture, family, faith
- Depression/anxiety
- Feelings of guilt or shame
- Change in worldview

## Resiliency/Protective Factors

- Positive **peer** connections
- **Community** involvement
- Hope and goals for the **future**



# Provider's Role In Supporting Refugee Youth & Caregivers



# Discussion: Our Role as Providers

Given what we've discussed about the siblings' developmental stages and how they have been impacted by the resettlement experience, **how would you support this family?**



# Trauma-Informed Care



Recognize the impact of trauma on development and physical & mental health



Establish physical and emotional safety



Trust and transparency



Mutual respect and collaboration with the family



Client-centered care (empowerment, voice, and choice)



Peer support



Sensitivity to racial, ethnic, and cultural background, and other identities

# Supporting Refugee Youth & Families: Provider's Role

**Assessment/  
Screening**

**Education**

**Referral to  
Services**

**Role-Specific  
Interventions**

**Building a  
Network of  
Support**

**Care  
Coordination and  
Advocacy**

**Supporting  
Strengths &  
Resilience**

**Validation and  
Support**

**Building  
Parent/Caregiver  
Capacity**



# Discussion: Building Parent/Caregiver Capacity

In your experience, what are the biggest **barriers** refugee parents/caregivers face in supporting their children's development and adjustment here in the U.S.?

What are some of the biggest **strengths** you've identified and been able to build upon with refugee families?

# Building Parent/Caregiver Capacity

**Healthy, happy families lead to  
healthy, happy children!**

Thinking of refugee children in the context of their family environment, consider:

- How their parent/caregiver's own trauma, resettlement stressors, and cultural adjustment might be impacting their ability to support the child
- What kinds of supports the parent/caregiver might need to strengthen their caregiving capacity in this new context



# Psychoeducation on Trauma Responses

## What is Child Traumatic Stress?

Child traumatic stress is when children and adolescents are exposed to traumatic events or traumatic situations when this exposure overwhelms their ability to cope.

When children have been exposed to situations where they feared for their lives, believed they could be harmed, witnessed violence, or tragically lost a loved one, they may show signs of traumatic stress. The impact depends partly on the objective danger, partly on his or her subjective reaction to the events, and partly on their developmental level.



### If your child is experiencing traumatic stress you might notice the following signs:

- Difficulty sleeping and nightmares
- Refusing to go to school
- Lack of appetite
- Bed-wetting or other regression in behavior
- Interference with developmental milestones
- Anger
- Getting into fights at school or fighting more with friends
- Difficulty paying attention to teachers at school
- Avoidance of scary situations
- Withdrawal from friends or activities
- Nervousness or jumpiness
- Intrusive memories of what happened
- Play that includes recreating the event

## What is the best way to treat child traumatic stress?

There are effective ways to treat child traumatic stress.

### Many treatments include cognitive behavioral principles:

- Education about the impact of trauma
- Helping children and their parents establish or re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

For more information see the NCTSN website: [www.nctsn.org](http://www.nctsn.org).

## What can I do for my child at home?

Parents never want their child to go through trauma or suffer its after effects. **Having someone you can talk to about your own feelings will help you to be a better parent.**

### Follow these steps to help your child at home:

1. Learn about the common reactions that children have to traumatic events.
2. Consult a qualified mental health professional if your child's distress continues for several weeks. Ask your child's school for an appropriate referral.
3. Assure your child of his or her safety at home and at school. Talk with him or her about what you've done to make him or her safe at home and what the school is doing to keep students safe.
4. Reassure your child that he or she is not responsible. Children may blame themselves for events, even those completely out of their control.
5. Allow your child to express his or her fears and fantasies verbally or through play. That is a normal part of the recovery process.
6. Maintain regular home and school routines to support the process of recovery, but make sure your child continues going to school and stays in school.
7. Be patient. **There is no correct timetable for healing. Some children will recover quickly. Other children recover more slowly.** Try not to push him or her to "just get over it," and let him or her know that he or she should not feel guilty or bad about any of his or her feelings.



### How can I make sure my child receives help at school?

If your child is staying home from school, depressed, angry, acting out in class, having difficulty concentrating, not completing homework, or failing tests, there are several ways to get help at school. Talk with your child's school counselor, social worker, or psychologist. Usually, these professionals understand child traumatic stress and should be able to assist you to obtain help.

### Ask at school about services through Federal legislation including:

1. Special Education—the Individuals with Disabilities Education Act (IDEA) which, in some schools, includes trauma services; and
2. Section 504—which protects people from discrimination based on disabilities and may include provisions for services that will help your child in the classroom.

Check with your school's psychologist, school counselor, principal, or special education director for information about whether your child might be eligible for help with trauma under IDEA.

**The good news is that there are services that can help your child get better. Knowing who to ask and where to look is the first step.**

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When providing psychoeducation to refugee families on trauma, consider:

- Cultural concepts of distress
- Stigma and shame
- Language

Normalize trauma reactions and give concrete examples.

# CDC's Developmental Milestones



## Your baby at 2 months



Baby's Name \_\_\_\_\_ Baby's Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 2 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

### What most babies do by this age:

#### Social/Emotional Milestones

- Calms down when spoken to or picked up
- Looks at your face
- Seems happy to see you when you walk up to her
- Smiles when you talk to or smile at her

#### Language/Communication Milestones

- Makes sounds other than crying
- Reacts to loud sounds

#### Cognitive Milestones (learning, thinking, problem-solving)

- Watches you as you move
- Looks at a toy for several seconds

#### Movement/Physical Development Milestones

- Holds head up when on tummy
- Moves both arms and both legs
- Opens hands briefly

### Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

**You know your baby best.** Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more, and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at [cdc.gov/FindEI](http://cdc.gov/FindEI).

For more on how to help your baby, visit [cdc.gov/Concerned](http://cdc.gov/Concerned).

Don't wait.  
Acting early can make  
a real difference!



## Help your baby learn and grow



As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.

- Respond positively to your baby. Act excited, smile, and talk to him when he makes sounds. This teaches him to take turns "talking" back and forth in conversation.
- Talk, read, and sing to your baby to help her develop and understand language.
- Spend time cuddling and holding your baby. This will help him feel safe and cared for. You will not spoil your baby by holding or responding to him.
- Being responsive to your baby helps him learn and grow. Limiting your screen time when you are with your baby helps you be responsive.
- Take care of yourself. Parenting can be hard work! It's easier to enjoy your new baby when you feel good yourself.
- Learn to notice and respond to your baby's signals to know what she's feeling and needs. You will feel good and your baby will feel safe and loved. For example, is she trying to "play" with you by making sounds and looking at you, or is she turning her head away, yawning, or becoming fussy because she needs a break?
- Lay your baby on his tummy when he is awake and put toys at eye level in front of him. This will help him practice lifting his head up. Do not leave your baby alone. If he seems sleepy, place him on his back in a safe sleep area (firm mattress with no blankets, pillows, bumper pads, or toys).
- Feed only breast milk or formula to your baby. Babies are not ready for other foods, water or other drinks for about the first 6 months of life.
- Learn when your baby is hungry by looking for signs. Watch for signs of hunger, such as putting hands to mouth, turning head toward breast/bottle, or smacking/licking lips.
- Look for signs your baby is full, such as closing her mouth or turning her head away from the breast/bottle. If your baby is not hungry, it's ok to stop feeding.
- Do not shake your baby or allow anyone else to—ever! You can damage his brain or even cause his death. Put your baby in a safe place and walk away if you're getting upset when he is crying. Check on him every 5–10 minutes. Infant crying is often worse in the first few months of life, but it gets better!
- Have routines for sleeping and feeding. This will help your baby begin to learn what to expect.

To see more tips and activities download CDC's Milestone Tracker app.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

- Take cultural perspectives into account
- Normalize variations in development and the impact of resettlement

A framing that often works well:

*"Children grow and learn step by step. Each culture has its own way of raising children, and there are many paths to healthy development. I'll share what is common in the U.S. so you know what schools and doctors may expect, but remember that your care and love are the most important factors for your child's growth."*

# Educating Refugee Parents/Caregivers

## ➤ Importance of a safe\* and supportive environment

- Stay calm\* and consistent
- Set clear boundaries with warmth\*
- Use connection before correction\*
- Validate feelings\*

***\*Consider trauma and culture***

## ➤ Importance of a daily routine

- Prompts for moving on to next activity
- Visual routine schedule

## ➤ Strengthening family relationships

- Spend intentional time together
- Practice active listening

### Morning Routine



**Brush teeth**



**Comb hair**



**Get dressed**



**Pack backpack  
for school**



**Eat breakfast**

### After School Routine



**Hang up  
backpack**



**Do homework**



**Screen time**



**Eat dinner**



**Clear the table**



**Get ready for  
bed**

# Educating Refugee Families on Emotional Regulation

## Ideas for De-Escalation and Self-Soothing Techniques:

- Co-regulation
- Offer an engaging toy, activity, or song to shift attention
- Cool-down corner, giving space
- Sensory tools (stuffed animals, fidget toys, putty)
- Breathing exercises
- Drawing or journaling
- Physical activity
- Music

## Considerations:

- **Build on practices already familiar in their culture** (music, dance, prayer, religious rituals, walking outdoors, cooking together) as forms of emotional regulation
- **Indirect expression of feelings** via storytelling, metaphors, art, song, or spiritual practices may be more culturally acceptable
- **Empower parents** and frame techniques as giving them tools to protect and support their children – often resonates deeply across cultures

# Supporting Positive Youth Development



- Treating refugee children and youth as active agents in their own development
- Involving youth in decisions that affect them supports development of resiliency and self-worth
- Children's needs must be addressed in the context of the family and community – building a network of care/support
- Recognizing the importance of refugee youth being accepted by a peer group



## Discussion/Reflection: Key Takeaways

Share **one strategy or new piece of information** that you are taking away from this training that you will implement to support a refugee youth/family you are currently working with.

# Resources

## Refugee Youth Resource Center (RYRC)

The Refugee Youth Resource Center (RYRC) is a national training and technical assistance initiative funded by the Office of Refugee Resettlement (ORR). Our focus is to improve outcomes for refugee children, youth, and their families by building the capacity of refugee-serving agencies through education, resources, partnerships, and case consultation support. The program will consist of monthly trainings for refugee-serving agency staff, including resettlement agencies, child welfare, schools, health/mental health providers, anti-trafficking organizations, and other service providers who encounter refugee youth and families in their work. The RYRC will also provide tailored trainings for agencies upon request and operate a case consultation helpline to support providers navigating complex cases and crisis situations involving refugee children and youth. The RYRC public facing website (coming soon!) will be an online hub for providers to access resources and training, and will include multilingual resources for refugee youth and families to support their adjustment in the U.S.

	Physical Development	Cognitive Development	Social/Emotional Development	The Resettlement Experience
Early Childhood (0-5)	<ul style="list-style-type: none"> <li><b>Infancy milestones:</b> sitting, grasping, rolling, crawling, walking, feeding</li> <li><b>Toddlers/preschoolers:</b> greater coordination of gross and fine motor skills (running, jumping, climbing, drawing...)</li> </ul>	<ul style="list-style-type: none"> <li>Developing <b>language</b></li> <li><b>Perceiving</b> their environment</li> <li><b>Counting</b>, sorting, identifying shapes and colors</li> <li>Following simple <b>instructions</b></li> <li>Understands concept of time</li> <li>Learning through <b>play</b></li> </ul>	<ul style="list-style-type: none"> <li>Importance of <b>attachment</b> to primary caregiver</li> <li>Facial expressions, developing <b>empathy</b></li> <li>Asserting <b>independence</b></li> <li>Self-soothing, developing <b>emotional regulation</b></li> <li>Increased <b>socialization</b>, cooperative play</li> <li>Sense of humor, pride, responsibility, guilt</li> </ul>	<ul style="list-style-type: none"> <li>Impact of <b>disrupted early attachment/bonding</b> can lead to a lack of trust and sense of security/safety</li> <li>Often leads to <b>emotional dysregulation</b></li> <li>Unable to express their thoughts and fears in words like older children</li> </ul> <p><b>Resiliency/protective factors:</b></p> <ul style="list-style-type: none"> <li>Secure attachment</li> <li>Parental resilience</li> <li>Early learning opportunities</li> </ul>
Middle Childhood (6-11)	<ul style="list-style-type: none"> <li>Slower but consistent physical growth</li> <li>Development of <b>fine and gross motor skills</b> (dressing, tying shoes, athletic abilities...)</li> <li>Able to complete some <b>tasks of daily living</b></li> </ul>	<ul style="list-style-type: none"> <li>Rapid development of <b>mental skills</b> (reading, math)</li> <li><b>Concrete</b> (black-and-white) thinking</li> <li>Able to describe experiences and talk about thoughts and feelings</li> <li>Increased <b>attention span</b></li> <li>Understanding the perspectives of others</li> </ul>	<ul style="list-style-type: none"> <li>Forming stronger and more complex <b>friendships</b></li> <li>Developing rules and sense of fairness</li> <li>Increased <b>emotional regulation</b></li> <li>Peer pressure</li> <li>Satisfaction from their efforts/abilities</li> <li><b>Seeking approval</b> from adults; sensitive to criticism</li> </ul>	<ul style="list-style-type: none"> <li>Displacement <b>disrupts</b> the process of learning and socialization</li> </ul> <p><b>Resiliency/protective factors:</b></p> <ul style="list-style-type: none"> <li>School engagement</li> <li>Generally <b>acculturate</b> faster than parents and teens</li> <li>Supportive adult (teacher, counselor, case manager) taking interest in the child can have a significant positive impact</li> </ul>
Adolescence (12-24)	<ul style="list-style-type: none"> <li>Onset of <b>puberty</b> (earlier for females than males)</li> <li>Hormonal changes</li> <li><b>Growth spurt:</b> most rapid physical growth since early childhood</li> </ul>	<ul style="list-style-type: none"> <li>Developing more <b>abstract</b> thinking</li> <li>Egocentrism</li> <li>Self-conscious</li> <li>Growth spurt: most <b>rapid neurological growth</b> since early childhood</li> <li>Frontal lobe development impacts teens' decision-making, impulse control, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Prioritizing peer relationships</li> <li>Seeking <b>social acceptance</b></li> <li>Desire <b>respect</b></li> <li>Pushing boundaries, struggling for <b>independence</b></li> <li>Developing own set of values/beliefs</li> <li><b>Identity formation</b></li> <li>Hormones affect mood and emotional responses</li> </ul>	<p>Resettlement made more complex by <b>simultaneous changes of:</b></p> <ul style="list-style-type: none"> <li>Puberty</li> <li>Developing sense of self</li> <li>Peer relationships/group identity</li> <li>"Renegotiation" of parent/child relationship</li> </ul> <p><b>Resiliency/protective factors:</b></p> <ul style="list-style-type: none"> <li>Positive peer connections</li> <li>Community involvement</li> <li>Hope and goals for the future</li> </ul>

**Additional considerations:**

- All children develop at their own pace
- Impact of trauma, family separation, culture, and second language acquisition (more rapid in younger children)

The production of this material was supported by Grant #90800054 from the Administration for Children and Families (ACF). Its contents are solely the responsibility of the U.S. Committee for Refugees and Immigrants (USCRI) and do not necessarily represent the official views of ACF.

- **Developmental Ages and Stages:**
  - [CDC's Developmental Milestones – cdc.gov](https://www.cdc.gov/ncbddd/developmentalstages/)
  - [Stages of Adolescence – healthychildren.org](https://www.healthychildren.org/stages-of-adolescence)
  - [Adolescent Development Explained – opa.hhs.gov](https://opa.hhs.gov/adolescent-development-explained)
- **Impact of Refugee Resettlement on Child Development:**
  - [Switchboard](#)
    - [Traumatic Stress Among Refugee Children and Youth Part I: Viewing Trauma Through a Developmental Lens](#)
  - [National Child Traumatic Stress Network \(NCTSN\)](#)
    - [Refugee Trauma](#)
    - [Understanding Child Traumatic Stress for Parents](#)
    - [Early Childhood Trauma](#)
  - [Child and Adolescent Refugees: Developmental Differences – uchicago.edu](#)
- **Provider's Role:**
  - [You and Youth in the Middle: Effective Case Management](#)
  - [Youth Development Resources - BRYCS](#)

# Thank you!

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